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Bib Data Sheet

CONFIRMATION NO. 2089

<b>SERIAL NUMBER</b> 09/904,309	<b>FILING DATE</b> 07/12/2001 <b>RULE</b>	<b>CLASS</b> <del>379</del> 453	<b>GROUP ART UNIT</b> <del>2843</del> 2884	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Ron Malhotra, Hauppauge, NY;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 08/27/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Jean-Marc Zimmerman 226 St. Paul Street Westfield ,NJ 07090					
<b>TITLE</b> Apparatus for hands free operation of a mobile telephone					
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		